



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission

FINAL MINUTES

Meeting Date and Time: March 2, 2012, 1:00 PM

Meeting Location: Appoquinimink State Service Center

In Attendance:

Commissioners:

Ms. Patricia Ciranni
Dr. Garrett H. C. Colmorgen, Chair
Ms. Patricia Dailey Lewis
Ms. Marjorie Hershberger
Ms. Alisa Jones
Ms. Cortney Jones
Ms. Becky Laster (proxy for Dr. Amanda Kay)
Ms. Mary Kate McLaughlin
Ms. MaryAnn Mieczkowski
Ms. Rosalie Morales (for Tania M. Culley, Esq)
Ms. Leslie Newman
Cpl. Adrienne Owens (proxy for Col. Coupe)
Mr. Michael Price (proxy for Dr. Richard Callery)
Dr. Kevin Sheahan
Dr. Phillip Shlossman

Staff:

Anne Pedrick, Executive Director
Ashlee Starratt
Angela Birney

Call to Order:

Dr. Colmorgen called the meeting to order at 1:06 p.m.

OLD BUSINESS

Minutes: The minutes from December 2, 2011 were accepted without change.

LCSW Candidate: Dr. Paul nominated Cortney Jones (Co-Chair, New Castle County FIMR CRT) for the National Association of Social Workers (NASW) Commissioner position. Copies of Ms. Jones' resume were distributed, as she was asked to step out of the room while discussion ensued. Upon a motion duly made and seconded, it was unanimously decided to forward Ms. Jones' resume to the Governor's office for final approval.

NEW BUSINESS

Annual Report: The report is currently with the designer, awaiting edits from Commission, currently on schedule for April 2nd release. Upon a motion duly made and seconded, it was unanimously decided to accept the draft Annual Report and allow designers to proceed with production.

Executive Director Report:

Subpoena Issue: On November 14, 2011, CDNDSC was informed that as of the following day, November 15, 2011, all subpoenas must be filed electronically through Lexis Nexis. The dilemma ensued as the program is set up for attorney use and there are no attorneys on staff with CDNDSC. The CDNDSC staff have spent countless hours trying to resolve this issue. There had to be an assurance that the child's identity would not be exposed and that all steps of the process would be confidential. The agency's subpoenas were delayed from November 15, 2011 to January 30, 2012. Statutory compliance with CAN cases has not been an issue, due in part to the MOA with Office of the Child Advocate (OCA) to share medical records. The only concern from the Commission is the impact that this may have on the panel reviews, as medical records have not been continuously flowing in and once received, they will take significant time to complete the medical abstractions.

New panel members: Lt Kelly from Middletown Police Department has joined the CAN Panel. His first meeting will be later this month. MaryAnn Mieczkowski (pronounced mitch-kowski) is our new Department of Education representative; she has been appointed to the Commission and the NCC and CAN Panels. Michael Price (New Castle County investigator) from the Office of the Medical Examiner will be attending the Commission meetings for Dr. Callery; he is also a member of the NCC Panel.

Triage: Triage process continues, providing a cursory review of the random cases that are not selected for full review (FIMR odd/even random process and out-of-state residents that die in Delaware). We have reviewed 246 cases with only one or two being questionable and requiring further review. A contractual person has been hired to handle these cases.

FIMR: FIMR continues to run smoothly. There have been no complaints, requests, etc from the review teams.

Budget: There has been no change in the proposed budget for the upcoming year.

National Conference, Washington, DC: Due to the excellent collaboration of CPAC and CDNDSC, Anne Pedrick and Tania Culley were asked to travel to Washington, DC in mid-December to attend a national meeting that focuses on the collaboration between citizen review panels, child fatality and maternal death, fetal infant mortality reviews, domestic violence reviews, and elder abuse reviews; only six or seven states are attending. They spoke on the collaborative initiatives between the Joint Commission and the system changes that have resulted from the joint efforts.

From this meeting, a year-long review will be conducted to highlight the fatality reviews across the spectrum. Delaware is in the preliminary stages of being selected as one of the states to focus the review on; Delaware should know in about a month if the state is to be selected. Walter R. McDonald is the contractual agency from the Children's Bureau. They will likely come to Delaware and meet with the Children's Department Cabinet Secretary, Division of Public Health, Chief Judge Kuhn and other related agencies. They may also attend the Commission meeting in May. A national conference will be held in August to highlight the selected states and describe the findings.

Media Campaign: Stop Child Abuse billboards are going up in April – six English and four Spanish across the state. Radio PSAs will also be heard with Secretary Vivian Rapposelli and Attorney General Beau Biden. Resources were not available to launch the bus campaign.

Medical Practice Act, CDNDSC New Policy: A new policy regarding the Medical Practice Act has been developed at the request of the CAN Panel Chair. As a state agency, CDNDSC is mandated to report to DPR; however, the concern is that CDNDSC staff does not have the medical knowledge to properly word the reports with appropriate medical language and feel that the reports will not be given proper justice by DPR. Some concerns of the Commission are:

- What is the rationale behind the policy?
 - The rationale is that the policy was created to alleviate the burden of the CDNDSC staff as they are not medically qualified to refer such cases. It places the burden back on the abstractors with a medical background.
- What defines a medical abstractor? An example was given that K/S Panel Chair is not a specialist in pediatric care; however, if he misses an incorrect dosage within the record abstraction, he could be held liable and fined monetarily. Some definitions were also not spelled out, such as medical incompetence – is this referring to not getting an order correct or showing up drunk to conduct a surgery?
 - Includes panel chairs, MMR chair and FIMR coordinator – all of whom do medical abstractions; does not highlight qualifications of an abstractor.
 - The Board of Medical Practice defines medical incompetence based on the review of the case.

- The abstractor should refer the case if they feel there is a problem; the board will make the determination as to review or not.
- Why does policy only refer to medical abstractor? Commission feels it should apply across the board to include those abstracting social work, educational, legal, and other records as well?
 - The Commission agrees that the wording should be changed to refer to anyone with a license that abstracts records should then be reported to their appropriate authority.
- Policy seems to expand the power of the panel to an individual, which should only be done by legislation.
 - The premise behind the policy is not to give an individual more power; it gives the individual more backing. If during the abstraction process, an issue is found, the individual has the authority to report it immediately versus waiting an unspecified time period to share the information with the panel, then reporting the issue.
 - A suggestion was made that the abstractors could confer with the Commission Chair if the situation arises and follow direction given at the time.

The Commission suggested updating the handbook to outline the duties of each abstractor and the role they play in each review. This would satisfy the issue rather than recreating policy. The Commission feels that the medical abstractors have this backing via statute and a new policy is not necessary.

The decision was made to table this policy and look at the updated handbook. The Commission will be updated at a later time.

CAN Panel Policy Update: The dialogue of pre-incident and post-incident continues to be an issue of contention at the CAN Panel. For many states and based upon national standards, it is standardized practice to review investigation and prosecution but not permanency, adoption, etc. Some members of the panel feel that they should only be addressing pre-incident and do not wish to look any further than the incident date. However, others feel that post-incident occurrences are also important as some of these children are returned to the home and consequently re-injured. The CAN Panel is asking the Commission to make a decision on this matter so that the policy can be updated to be very specific in what the Panel should and should not review. Upon motion duly made and seconded, the Commission approved editing of the CAN policy to ensure post-incident matters are also reviewed to help prevent further injury to the child(ren).

Co-chair for the Commission: This issue arose due to the fact that Dr. Colmorgen is receiving many of the DPR referrals; should an issue arise that needed to be discussed at the Commission meeting, he may need to excuse himself as not to be involved in the discussion. A Co-Chair will be required to take charge of the Commission. Ms. Leslie Newman volunteered to accept the position. A motion duly made and seconded the approval of Ms. Newman.

As nomination of Co-Chair has been made, a motion was made and duly seconded to reappoint Dr. Colmorgen as Chair of the Commission.

Other Business:

There was no other business to discuss during General Session.

Public Comment:

There was no public comment.

Upon a motion duly made and seconded, it was unanimously decided to enter Executive Session.